02/18/2011 15:01

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue NW ADDRESS (number and street) Suite 500 South Building Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2011 0 1 3 1 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Robert Borchardt Type or Print Name of Treasurer Mr. Robert Borchardt Electronically Filed by 02 18 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F3X}$ 

Transaction ID:

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 3/16

Write or Type Committee Name Americas Health Insurance Plans PAC (AHIP PAC) D D " D 0 1 0 1 2011 0.1 3 1 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011 Y 100661.07 January 1 (b) Cash on Hand at 100661.07 Begining of Reporting Period ..... 12342.94 12342.94 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 113004.01 113004.01 6(a) and 6(c) for Column B) ..... 43555.74 43555.74 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 69448.27 69448.27 (subtract Line 7 from Line 6(d)) .....

9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) .....

0.00

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) .....

0.00

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE** OF RECEIPTS

4/16 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

м м 0 1 From:

D D 1

2 0 1 1

м м 0 1

<sup>D</sup> 3 1

<sup>Y</sup> 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	4265.06	4265.06
(ii) Unitemized	3077.88	3077.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7342.94	7342.94
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12342.94	12342.94
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Fundament	ds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12342.94	12342.94
. Total Federal Receipts (subtract Line 18(c) from Line 19)	12342.94	12342.94

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 16

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	EE 74	EE 74
	Expenditures	55.74	55.74
	(c) Total Operating Expenditures	55.74	55.74
2	(add 21(a)(i), (a)(ii) and (b))	33.74	33.74
	Committees	2500.00	2500.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	41000.00	41000.00
	Independent Expenditure	200	
	(use Schedule E)	0.00	0.00
ο.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use Schedule F)	0.00	0.00
3.	Loan Repayments Made	0.00	0.00
٠.	ropaymonto Mado		
7.	Loans Made	0.00	0.00
-	Refunds of Contributions To:		
(	a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	b) Political Party Committees	0.00	0.00
(	c) Other Political Committees (such as PACs)	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	3.00	0.00
,	(add Lines 28(a), (b), and (c))	0.00	0.00
	(400 = 1100 = 0(0)) (0)) 110 (0))		
). (	Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	43555.74	43555.74
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		43555.74
	from Line 31)	43555.74	

### **DETAILED SUMMARY PAGE**

of Disbursements

III. Ne	et Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ibutions (other than loans) 1(d), page 3)	12342.94	12342.94
	ibution Refunds 28(d))	0.00	0.00
	utions (other than loans) ne 34 from Line 33)	12342.94	12342.94
	al Operating Expenditures 1(a)(i) and Line 21(b))	55.74	55.74
	Operating Expenditures 15, page 3)	0.00	0.00
	ng Expenditures ne 37 from Line 36)	55.74	55.74

FE6AN026

## SCHEDULE A (FEC Form 3X)

SCHEDULE A	A (FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)  X 11a 11b 11b 13 14	R: PAGE 7/16  11c 12 15 16 17
Any information copie or for commercial pu	rposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of so solicit contributions fro	diciting contributions om such committee.
\	th Insurance Plans PAC (	(AHIP PAC	<b>(</b> )		
Gary Bacher	First, Middle Initial)	N1.N4		Date of Receipt	
Mailing Address	601 Pennsylvania Avenu Suite 500, South Buildin				1 2011
City	,	State	Zip Code	Transaction ID:	2011020216727-1
Washington		DC	20004	Amount of Each	Receipt this Period
FEC ID number of federal political co		C			125.00
Name of Employe America's Health Plans	r Insurance	Occupation Senior Vi	n ice President		
Receipt For:		Aggregate	e Year-to-Date ▼		
Primary Other (spec	☐ General ify) ▼		250.00		
Full Name (Last, Carmella Bocchino	First, Middle Initial)			Date of Receipt	
Mailing Address	601 Pennsylvania Avenu Suite 500, South Buildin	g			4 2011
City		State	Zip Code		2011012694117-2
Washington FEC ID number of federal political co		C	20004	Amount of Each	Receipt this Period 208.33
Name of Employe America's Health Plans	r Insurance	Occupation	n e Vice President, Clinical Aff		
Receipt For:		Aggregate	e Year-to-Date ▼		
Primary Other (spec	☐ General ify) ▼		416.66		
Full Name (Last, Carmella Bocching	First, Middle Initial)			Date of Receipt	
Mailing Address	601 Pennsylvania Avenu Suite 500, South Buildin	g		0 1 3	1 2011
City		State	Zip Code		2011020216727-2
Washington FEC ID number of	f contributina	DC	20004	Amount of Each	Receipt this Period
federal political co		C			208.33
Name of Employe America's Health Plans	r Insurance	Occupation Executive	n e Vice President, Clinical Aff		
Receipt For: Primary Other (spec	General ify) ▼	Aggregate	e Year-to-Date ▼ 416.66		
SUBTOTAL of Rec	eipts This Page (optional)				541.66
	(last page this line number or				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 16 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	not be sold or used by any persodress of any political committee to	
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC			
Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2011020216727-7
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.17
Name of Employer America's Health Insurance	Occupatio	n sident, Marketing and Graph	ics
<u>Plans</u> Receipt For:		e Year-to-Date ▼	1
Primary General Other (specify) ▼	39 19	208.34	
Full Name (Last, First, Middle Initial) Jeff Lemieux	1		Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2011020216727-22
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupatio Svp, Cer	n Iter for Health Policy & Rese	<del></del>
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			01 31 2011
City	State	Zip Code	Transaction ID: 2011020216727-23
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.17
Name of Employer America's Health Insurance Plans	Occupatio Senior D	n irector Public Affairs	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	208.34	
SUBTOTAL of Receipts This Page (optional)			333.34

TOTAL This Period (last page this line number only) .....

## SCHEDULE A (FEC Form 3X)

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any perso g the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B		01 31 2011
City	State Zip Code DC 20004	Transaction ID: 2011020216727-30
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period  104.17
Name of Employer America's Health Insurance Plans Receipt For:	Occupation General Counsel  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.34	
Full Name (Last, First, Middle Initial) Betsy Pelovitz	•	Date of Receipt
Mailing Address 601 Pennsylvania A	M M / D D / Y Y Y Y Y Y A A A A A A A A A A A A A	
City	State Zip Code	Transaction ID: 2011020216727-34
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period  104.17
Name of Employer America's Health Insurance Plans	Occupation Vice President Product Policy	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 208.34	
Full Name (Last, First, Middle Initial) Susan Pisano	<b>L</b>	Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	<b>Transaction ID:</b> 2011020216727-35
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period  130.47
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communicat	<u>tio</u> n
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 260.94	
SUBTOTAL of Receipts This Page (options	al)	338.81

SCHEDULE A	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 16 (check only one)    X   11a
or for commercial purpo	ses, other than using the name and a	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
S	01 Pennsylvania Avenue N.W. uite 500, South Building		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of c federal political comi		Zip Code 20004	Transaction ID: 2011020216727-41  Amount of Each Receipt this Period  104.17
Name of Employer America's Health Ins Plans Receipt For: Primary Other (specify	Aggrega General	tion ive V.P. ate Year-to-Date ▼	
	st, Middle Initial) 01 Pennsylvania Ave NW Building, Suite 500	Date of Receipt  0 1 2 3 2 0 1 1	
City Washington FEC ID number of c	State DC	Zip Code 20004-2601	Transaction ID: 4C3558EBBC6C307B4E  Amount of Each Receipt this Period  2426.25
Name of Employer America's Health Ins Plans Receipt For: Primary Other (specify	surance Occupar Svp, Fe Aggrega	tion ederal Affairs ate Year-to-Date ▼ 2426.25	
	01 Pennsylvania Avenue N.W.		Date of Receipt
City Washington FEC ID number of c	uite 500, South Building State DC ontributing	Zip Code 20004	0 1 1 4 2 0 1 1  Transaction ID: 2011012694117-46  Amount of Each Receipt this Period  208.33
Name of Employer America's Health Ins Plans Receipt For: Primary Other (specify	surance Occupar Execut Aggrega	tion ive Vice President ate Year-to-Date ▼ 416.66	208.33
SUBTOTAL of Receip	ts This Page (optional)	<b>)</b>	2738.75

В.

PAGE 11/16 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Michael Tuffin Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 0.1 3 1 2011 Suite 500, South Building City State Zip Code Transaction ID: 2011020216727-43 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 C federal political committee. Name of Employer America's Health Insurance Occupation **Executive Vice President** Plans Receipt For: Aggregate Year-to-Date General Primary 416.66 Other (specify) Full Name (Last, First, Middle Initial) Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 0.1 3 1 2011 Suite 500, South Building City State Zip Code Transaction ID: 2011020216727-47 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Name of Employer America's Health Insurance Occupation Press Secretary Plans Receipt For: Aggregate Year-to-Date ▼ Primary General

		040.50
SUBTOTAL of Receipts This Page (optional)	•	312.50
TOTAL This Period (last page this line number only)	<b>•</b>	4265.06

208.34

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 16 (check only one)  11a 11b X 11c 12  13 14 15 16 17
	Statements may not be sold or used by any personal statements and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Emblemhealth Services Company Llc Federal F Mailing Address 55 Water Street  City	Pac (AKA EMBLEMHEALTH PAC)  State Zip Code	Date of Receipt    M
New York  FEC ID number of contributing federal political committee.	NY 10041  C C00412247	Amount of Each Receipt this Period  5000.00
Receipt For: Primary General Other (specify)	Occupation  Aggregate Year-to-Date ▼  5000.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	5000.00
TOTAL This Period (last page this line number only)	<b>•</b>	5000.00

В.

## SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 13/16 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Transaction ID: B19F3E75045C203C5C5 Bank of America Date of Disbursement 14 o 1 2011 Mailing Address 730 15th Street, NW Second Floor City State Zip Code Amount of Each Disbursement this Period Washington DC 20005 12.00 Purpose of Disbursement Wire Transfer Fee 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: AFF3A0646FE78E5FCAA Bank of America Date of Disbursement 3 1 o<sup>M</sup> 1 2011 Mailing Address 730 15th Street, NW Second Floor City State Zip Code Amount of Each Disbursement this Period 20005 Washington DC 12.00 Purpose of Disbursement Wire Transfer Fee 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	24.00
TOTAL This Period (last page this line number only)	•	24.00

Other (specify)

State:

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 14/16
ΙΤ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) X 22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nan		, , ,	
$\setminus$	NAME OF COMMITTEE (In Full)			
/	Americas Health Insurance Plans PAC (A	HIP PAC)		
	Full Name (Last, First, Middle Initial)			Transaction ID: E6E2FC227A3B48E1A89
	AHIP PAC ADMIN Fund			Date of Disbursement
	Mailing Address 601 Pennsylvania Aven Suite 500 South Building			$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I & M \end{smallmatrix} & \begin{smallmatrix} D & D \\ D & D & I \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I & I & I \end{bmatrix}$
	City Washington	State Zip Code DC 20004		Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer of AMERIGROUP 12/7 Contribution		008	2500.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburs Senate President	sement For:  Primary General  Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	2500.00

SCHEDULE B (FEC FOIII 3X)		Use separate schedule(s)	FOR LINE (check only			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29		
	y Information copied from such Reports and State for commercial purposes, other than using the nan					
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC)				
<u>И</u> .	Full Name (Last, First, Middle Initial) David Schweikert for Congress			<b>Transaction ID:</b> 7F01E3773E25B8F Date of Disbursement		
	Mailing Address 15749 E El Lago Blvd	$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$				
	City Fountain Hills	State Zip Code AZ 85268		Amount of Each Disbursement this Period		
	Purpose of Disbursement 2012 Primary		011	1000.00		
	Candidate Name David Schweikert		Category/ Type			
	Senate ) President	ement For: 2012  Primary General  Other (specify)				
	State: AZ District: 05  Full Name (Last, First, Middle Initial)  Democratic Senatorial Campaign Commi	tee		Transaction ID: 3F2A6D074E1FFAADate of Disbursement		
	Mailing Address 120 Maryland Ave NE	01 21 / 2011				
	City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period		
	Purpose of Disbursement 2011 Contribution		011	15000.00		
	Candidate Name Democratic Senatorial Campaign Commi	tee	Category/ Type			
	Senate	ement For: 2011 Primary General Other (specify)				
	Full Name (Last, First, Middle Initial) National Republican Congressional Comm	nittee		Transaction ID: B4A5919D893802A Date of Disbursement		
	Mailing Address 320 First Street SE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$		
	City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period		
	Purpose of Disbursement 2011 Contribution		011	15000.00		
	Candidate Name National Republican Congressional Comm	nittee	Category/ Type			
	Senate President	ement For: 2011 Primary General Other (specify)				
	State: District: Contril	oution				

	HEDULE B (FEC MIZED DISBUR	-	for each	arate schedule(s) category of the Summary Page		OR LINE neck on 21b 27	ly on		: X 23 28b		PA 24 28c	GE	16 / 16 25 29	26 30b
	Information copied from s r commercial purposes, o													
<b>\</b>	NAME OF COMMITTEE ( Americas Health Insur	,	HIP PAC)											
-	Full Name (Last, First, Mic Ifp-Fojb Committee  Mailing Address 631-	ldle Initial) B Pennsylvania Avo	enue SE					Transa Date of 0 1	Disbu	sem	ent		01F7B8	BFE94A5
,			State DC	Zip Code 20003	01	1		Amount of Each Disbursement this Period 10000.00					riod	
	Candidate Name Ifp-Fojb Committee				Categ	•								
	Ser	nate esident	ement For: Primary Other (spe	2011 General ecify)										

SUBTOTAL of Disbursements This Page (optional)	•	10000.00							
TOTAL This Period (last page this line number only)	<b></b>	41000.00							